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Dissertation

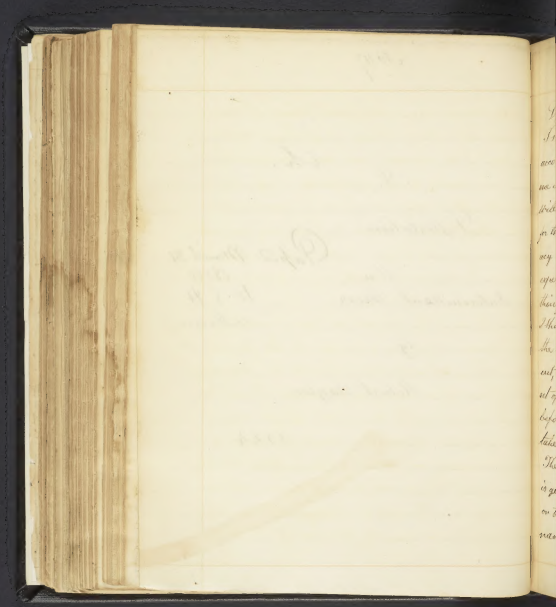
On
Intermittent Fever

Read March 31
1824
W. S. H.
Dean

by

Robert Taylor

1824



Dissertation on Intermittent Fever.

I shall not occupy time by giving a detailed account of the reasons that have influenced me in the choice of this particular subject; nor will I strengthen my conviction by apologizing for the defects ^{of} my Essay. Nevertheless, I feel my inadequacy to the subject, I have neither; conscious my inexperience & ignorance unfit me for saying any thing new.

I shall speak of the Disease as I have seen it & of the remedies I have seen useful in the treatment, leaving all unsettled points to the judgment of those better qualified to decide them; but before speaking of the disease itself, I shall take notice of the causes which produce it.

The primary cause of Intermittent Fever, is generally acknowledged to be, Marsh Miasma or that effluvia, which is disengaged from stagnant water on marshy ground by the action

of heat, & is only known by its deleterious effects on the human system. — To a person unacquainted with the fact, the distance, which miasma may be conveyed is incredible. yet we have abundant proof of its affecting neighbourhoods quite remote from the ^{place} where it is engendered, & this is easily explained, it being volatilized by the solar rays, is wafted by the wind to the distance of many miles, exerting through its whole course its baneful effects, until so diluted by the atmosphere as to be wholly inactive.

As a current of air is necessary to the conveyance of miasma; it must be obvious that, whatever may impede, or turn the direction of the breeze, may act as a barrier to miasma: Hence a family may reside in a miasmatic district, ^{very} ~~very~~ near the marsh whence miasma is exhaled, & at the same time be perfectly free from its influence, provided a hill or piece of wood intervenes. Bancroft, tells us that the miasma cannot be carried over water, I think I have

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new miasma produce disease where it must have been conveyed at least a mile and a half over water.

miasma acts more powerfully in the night than in the day. The probable reason of this is, that in the night it is more condensed, being volatilized & diffused through the atmosphere during the day by the solar rays. Notwithstanding, it is the opinion of some, that miasma is not always the sole efficient cause of this disease; inasmuch as people residing in a city remote from the source of miasma, are affected with intermittents; yet, I believe, that medical men are at present agreed that where the disease so takes place, the patient has been exposed to miasmatic influence.

The greatest length of time that miasma may remain in the system inert, is a question which will not admit of solution, yet most believe that it may remain in the system, six months, & then produce the same effect as if recently taken in. This seems to be clearly established by the fact, that patients are affected with venereal intermit-



tenis, who have been admitted into the hospital in the fall of the year, & who have never before had the disease. (I have seen some such cases).

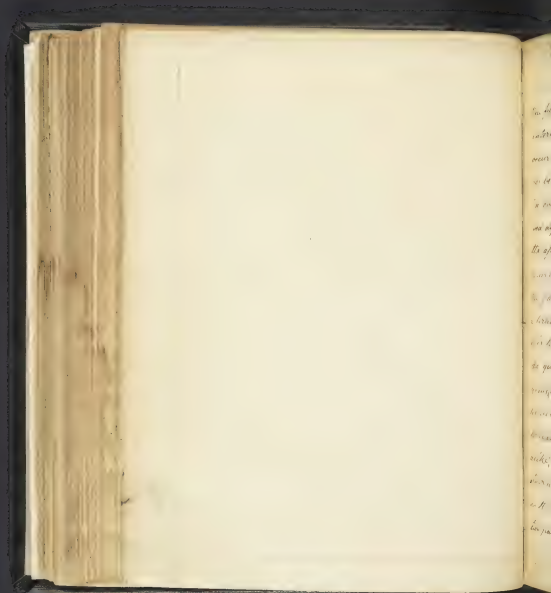
A question which now arises, is, How is this effluvia introduced into the system? My belief (which I derive from our worthy professor, Dr Chapman) is, that it is received into the mouth where becoming entangled in the saliva is taken with it into the stomach, a fact which seems to support this belief, is, that those who chew tobacco, & are in the constant habit of throwing off the saliva, are not so liable to the disease as others, moreover, the stomach is the part first affected —

That it does not affect the system through the lungs appears probable from the circumstance, that a person may be exposed to miasmata without taking the disease, and yet it must be obvious that a person so exposed must breathe the virus, although it does not necessarily ^{per se} ~~mean~~ ^{mean} that he must swallow it. If the ~~miasmata~~ ^{miasmata} were taken even taken in by the lungs, we should expect to

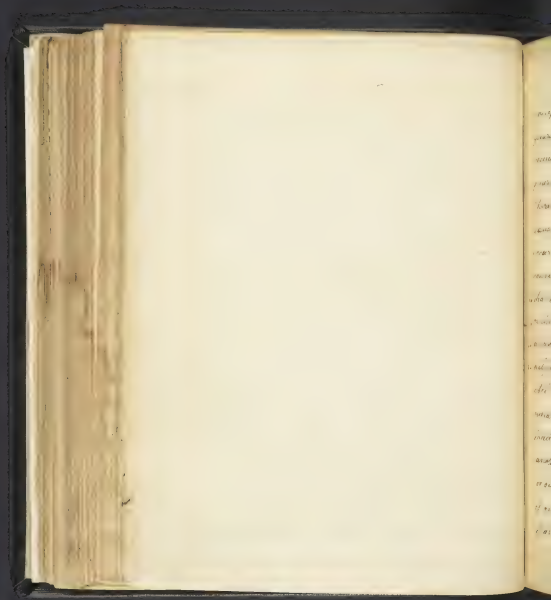


prima via, necessarily engages the liver in distinct
marks of disease, which (as I have previously) find
in a case. It would be incorrect to suppose that it
finds its way into the system in the above sense, main-
taining that it were not act when presented at once to the
door in the lungs. Of exciting causes.

A low power in diet, fatigue, excess of impudience, &
a moist atmosphere, or whatever tends to debilitate the sys-
tem may be viewed as the exciting cause of this disease; but in
the primary cause is sufficient to produce the disease without
the aid of another cause. — If a unit I have now, recd on the ma-
nner by which the infection is taken into the system; we
remember, we should observe when the proximate cause take
derangement of the prima via, & we are led to that it is
it. It is a possibility of our mind, & when we see
more, it increases the susceptibility to another attack, which
by most other diseases is rather diminished. Except
fever, it is the only fever that occurs in distinct fits, I shall
not point out the diagnosis which is every day.



The fit of an intermittent or tertian, the $\frac{p}{2}$ or $\frac{p}{3}$; the
interval between the fits, the $\frac{p}{2}$ or $\frac{p}{3}$; these paroxysms
occur at stated periods of time, but the time that elaps-
es between the paroxysms is not of the same duration
in every inter-mittent, on which account, it is, neces-
sary different appellations depending on the length of
the apyrexia. Thus, a quotidian is a fever with burning, par-
oxysms about the paroxysms, when the intervals between
the paroxysms intervene every eight hours, it is called
a tertian, & when the intervals between the paroxysms
is about a quartan. When the intervals between the
paroxysms intervene every eight hours, it is called
the quotidian, tertian, & quartan. Thus, when the fever
is quotidian, it is called a quotidian, when it is tertian,
it is called a tertian, when it is quartan, it is called a quartan.
When the intervals between the paroxysms intervene every
four days, it is called a quartan, when it is tertian, it is called a tertian,
when it is quartan, it is called a quartan. Thus, when the fever
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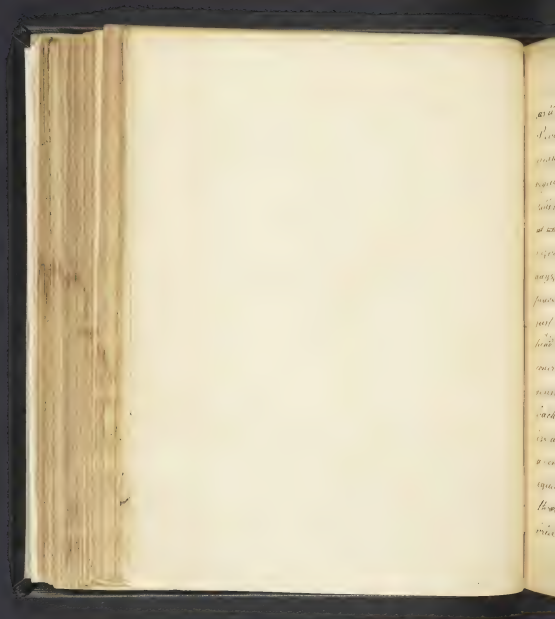


every day, the fourth being the first, & the double
quarian with a paroxysm on the first day, another on the
second, & none on the third, in the manner the triple
quarian, the quinsan seldom occurs,

There are said to be some intermittents which have a ten-
dency to occur monthly, these are called menstrual, & con-
sidered annuaries, called *Menstruæ*; and these may rather be
considered as relapses than ^{as} the regular forms of the disease.

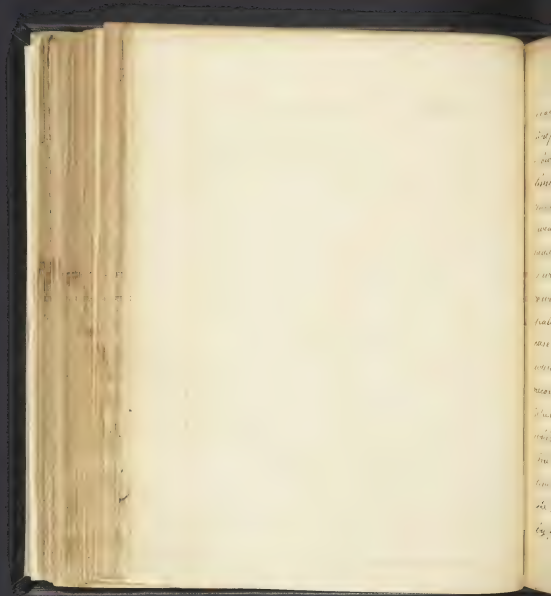
That under the tertian type is the most frequent form
of the disease; Next to this is the quotidian; while the qu-
artian is the most rarely to be met with, & proves the most
difficult of management, (Chapman).

As in the tertian I have recd, but did not record
yours to the same effect, I have assumed a pro-
nounced case changing frequently from one form to
another; thus a tertian would become a quotidian
or quarian, &c. To know accurately the precise form
of an intermittent seems of no great moment (for, that
is, its prognosis, its ^{or} continuance of it)



as it leads to difference in the treatment.

Previous to the attack of the disease, the patient is languid, showing no disposition to attend to his regular occupation, his appetite is impaired & frequently fails him altogether, if proper remedies be interposed at ~~times~~ at this juncture the disease may be prevented. If the symptoms are permitted for a few days, he is seized with the paroxysm, which takes place in the following manner. The symptoms just mentioned continue accompanied by pain in the head or vertigo & difficulty of breathing, the skin becomes contracted & is drawn close over the face-head. A sensation is felt at intervals in the lower part of the back, which extends gradually towards the head - in a short time it comes over the whole becoming a universal rigor, the pulse is small, frequently irregular; this low cold stage continues, for two or three hours, & is then succeeded by the hot period, which commences with heat over the whole



may, with dry skin, fixed tongue & intense thirst.
The pulse is now regular & voluminous,
the patient is often delirious. In a short
time another set of symptoms takes place & con-
stitute the revealing stage, which consists of profuse
sweating, the perspiration commences on the fore-
head & is soon diffused over the whole body.
During this stage the pulse becomes more soft
& with it subsides the paroxysm, leaving the
patient apparently well. - In a day or two the
case may be repeated with another paroxysm
which is repeated at regular intervals, until he
recovers.

These are the symptoms of a common intermittent
fever, however, are liable to many variations.
The disease continuing a long time, the viscera
become scirrhus, occasioning tumors in
the system of vessels, vulgarly called ague cakes, which
by interfering on the system communicate various

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produces jaundice; or dropsy, by pressure on the vena
cava, or if this is not the termination, & if the disease be
left to itself it will run on becoming more difficult of
cure until the dyspeptic viscera become so much im-
paired as to refuse the performance of their functions, &
the patient dies from inanition, or a state of debility & ex-
haustion terminating in asphy. to which he may eventu-
ally fall a victim.

There should period, we find the viscera exhibit a morbid
effluence in digestion; particularly the stomach, the
biliary apparatus, & the spleen.

The indications for the cure of intermittent fever are
first, to prevent, to shorten, or to abate the violence of the
paroxysm; secondly, to prevent their continual recur-
rence. — I shall first treat of the means proper for the
fulfilment of the first indication, these are few & usually the
case are violent more soon necessary.

The remedy, which to me appears most efficient is Soudanum,
this was first employed in this disease, by P. Fother; And P. Lini

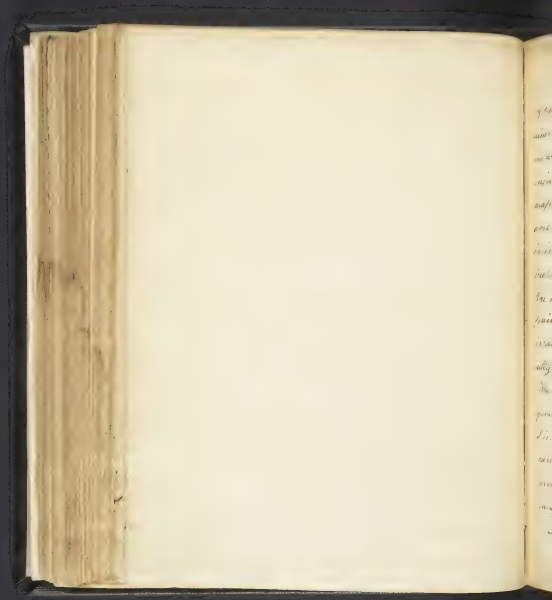


when abundantly mixed wth it, says, that it was given
in the intermission, it did not prevent or mitigate the suc-
ceeding paroxysm; when given in the cold fit, it once or
twice seemed to remove it; but that when administered
twice or four times after the commencement of the hot fit, it
generally afforded immediate relief, it shortened, & aban-
doned the paroxysm, it relieved the head, took off the heat of
the face, & procured a deep sleep.

Emetics given in anticipation of the paroxysm frequen-
tly prevent it.

Emetics have been of more advantage in averting the
violence of the paroxysm than any other means.

Their effect is not to be wondered at, as they imitate re-
covery in precisely adapting by induction to remove off the fit.
The means which cramps, vomiting are found to be
indiscoverable, the use of warm cupping, or of mint,
camomile, rose-honey, rose-water, or capsaicin, &c.
vomit; of these the latter is usually preferred & if given
in the cold stage produces vomiting by which the hot



by part of the cold stages are avoided, this induces some-
times vomiting when this however is the case ~~when this~~
we are to consider it as being beneficial, rather than
injurious. If these means are not adequate to induce
diaphoresis, the antimonial preparations in small
doses with the ferri sufficient; their efficacy may
be increased by using them in conjunction with the
rubric rubin.

In the commencement of the disease, when much
pain in the head exists, resuscitation is sometimes in-
dicated; nevertheless, this symptom may frequ-
ently be relieved by a blister to the back of the neck.

The remedies we rely upon for the radical cure of the
fever are emetics—But before the exhibition of these
it is usually found necessary to evacuate the alimentary
canal, to effect which purgatives are prescribed, & in one
usually rectified is calomel combined with rhubarb or
jalap—the cathartic is sometimes preceded by an emetic.

In the catalogue of tonics, Bark stands pre-eminent



obtain therefore notice of each,

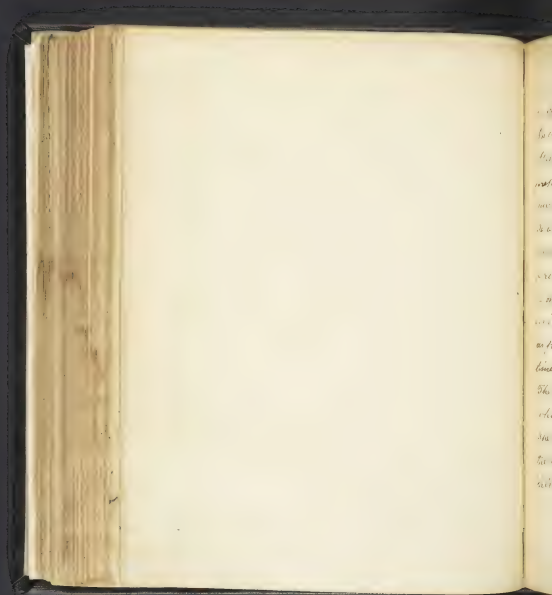
Three species of Peruvian bark are usually recognized, viz. *Cinchona oblongifolia* or red—*Cordifolia* or yellow & *lanceifolia* or pale.

As to the comparative efficacy of these different species some diversity of opinion exists, but the red is mostly preferred; & this account is frequently uncontradicted.

Some have recommended that the bark should be given without intermission, even during the paroxysm; but experience shows that if exhibited during the fit, it ejects from the stomach, or if it remain aggravates the paroxysm & irritates the stomach.

The proper practice (that which has generally obtained) is to administer the bark during the interstices, ceasing about an hour before the paroxysm; when good bark is thus given, it eradicates the disease by a slow & sure action, unaccompanied by any very remarkable effects without exciting the pain.

A popular, & a very good mode of exhibiting the bark



is by mixing it in wine.

In this form a half - rotation may be given every hour.
It is given also in Emulsions, Decoctions & Infusions, & these
preparations are particularly useful when bark in
solution will not remain on the stomach.

Now and then the above preparations more particularly to combine
with the stomach, they are frequently combined with
a resinous non-acid substance - carrageen -
or *serpentina virginiana*; the latter of these substan-
ces is to be preferred as it renders the preparation quite
agreeable & is more efficacious. These mixtures some-
times prove useful where the bark itself has failed.
The fixed alkalies are sometimes conjoint with them
which adds greatly to their effect.

The columns are some-times also added to the work itself.
The following formula enjoys great reputation in
this City—*R. Pulv. Carb. Peruvian. ℥ss*

New-bernswick

Octopus, Rus. curie. Dr. M. Six in Charl. n.

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It has been a question, to what principle the bark ~~its~~
~~its~~ ~~its~~ activity, ascribed by different people
it has been ascribed to each of its component parts.
This question seems now to be completely decided for
within a few years two alkaline principles capable
capable of forming salts with acids have been dis-
covered; that furnished by the pale bark is termed
cinchonine, that furnished by the yellow quinine.
Both of these principles are contained in the red bark;
hence, other considerations aside, it should be the
best. — Cinchonine, the alkali of the ^{pale}~~yellow~~ bark is
used pure, while quinine, the alkali of the yellow
is used in combination with sulphuric acid.

During the last summer, the sulphate of quini-
ne was employed more generally than any other
medicine, & with the most decided effect. — It who
have used it concur in its superiority over other reme-
dies. — The dose is a grain, which is supposed equal
to a drachm of the bark in substance. —

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St. 12
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St. 15

St. 16
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St. 20

St. 21
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St. 23
St. 24
St. 25
St. 26

It is given in the form of pills or in solution, & as
to the time of exhibition is subject to the same
rules as the caude bark.

For the exhibition of the sulphate of Quinine
the following formulae may be employed—

M. Sulph. Quinin. gr. x

Conserva. Rosae, ℥ss

M. f. pil. — x —

One of these pills are to be taken every six hrs during
the ague-fit —

Or in solution it may be prescribed thus

M. Sulph. Quinin. gr. ii

Aquae. Distillatae ℥vi

℥. solutio. —

A small quantity of sulphuric Acid added to this
will make the solution more complete

The dose of this solution is a tea-spoon full every
four, or every half-hour —

several formulae for the preparation of the

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sulphate of quinine are contained in the eleventh & twelfth volumes of the London journal of sciences. When owing to the irritability of the stomach this remedy cannot be given by the mouth, it may be administered in the form of enema. This remark, however is much more applicable to the crude bark, which frequently sickens the stomach.

As *Cortex quercis*, *prunus virginianae*, & the salicis, have all been used as substitutes for the peruvian bark, as also the *cortex caracillae*, & the *cassia alba*.

The aromatic qualities of the two last mentioned barks seem to suit them well for irritable stomachs.

The angustura bark possesses considerable power over the fever, though like the peruvian bark it is apt to prove offensive to the stomach. A poisonous bark is vended under the name angustura, probably ^{not} several marks which may serve to distinguish it from the genuine.

Another vegetable remedy employed in this fever is *serpyllaria*,

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but ~~if~~ I have said all ~~that~~ seems necessary when speaking of the peruvian bark, as it is seldom used alone.

The spirit of turpentine has been much employed in this disease, & sometimes removes the disease when the other remedies have failed.

Quinine is a remedy, which by many is thought to be omnipotent in this fever, & by many it is objected to apparently with good reason. — I am not qualified to judge of its merits from not having used it much myself, yet I think it greatly inferior to the bark, & when employed is scarcely in use with much diminution. Some physicians usually employ it in Powers's solution.

The preparations of iron have also been recommended & used with advantage. The only one of these that I have seen used was the purgative — its good effect was very obvious — most of the other preparations of this metal are worthy of trial.

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Sulphur is highly recommended in intermittent fever, I have seen it employed by P. Ollé, with much advantage.

Tela Araneorum or spider's webs have been used successfully by many respectable Physicians.

The black spider itself I have used in three cases, in two of which it failed of doing good, while in the other it cured the patient so that he had not another paroxysm.

When intermittents have continued long, and the remedies that I have enumerated, have been ineffectually tried, & if the stomach becomes so much impaired as to be incapable of retaining food, we must resort to the bitter tonics; of these the cold infusions of chamomile flowers or of gentian or Quassia are to be preferred. If these fail of restoring the tone of the stomach, the prescriptions usual in Dyspepsia are to be administered.

When the stomach is not disordered, & yet the parox-

[Faint, illegible handwriting in cursive script, likely a historical document or letter.]

[Faint, illegible handwriting on the right edge of the page, possibly from the adjacent page.]

ysms continue to recur regularly; we are to presume they are kept up by habit, & by a perseverance in the use of emetics ~~so will be relieved~~, they will be removed.

If the viscera continue in a state of disease, the patient having in other respects recovered, mercury is to be resorted to; but should this be ineffectual, he must (if he be in the country), be removed to a city, for by a city residence he will be most likely to recover.

In the administration of the remedies I have enumerated we must be careful not to persevere in the use of one for a long time; but must substitute another as soon as one ceases to be effectual, for it is a known fact that what at one time appears to be inert, is at another most efficacious.

I have not yet taken notice of the diet necessary in this disease, & respecting it, have only to observe that it should consist of light nutritious food, & that which is most easy of digestion.

I have now finished what I had to say on this disease.

Residence No. 133. Market St.